



2005 - 2006
BROKEN ARROW YOUTH CITY COUNCIL APPLICATION
(Please Print Clearly)

Full Name	(See Back) Council Ward No.	
<hr/>		
Address		Zip
<hr/>		
E-Mail	Birth Date	School
<hr/>		
Parent or Guardian's Name		
<hr/>		
Address	City	Zip
<hr/>		
Telephone (Home)	(Work)	
<hr/>		
In case of emergency, notify		
<hr/>		
Telephone	Relationship	
<hr/>		
Do you have a job?	How many hours a week?	
<hr/>		
How many hours a week can you participate with the Youth Council? _____		
What school activities and clubs are you active in? _____		
<hr/>		
<hr/>		
Other community involvements? _____		
<hr/>		
<hr/>		

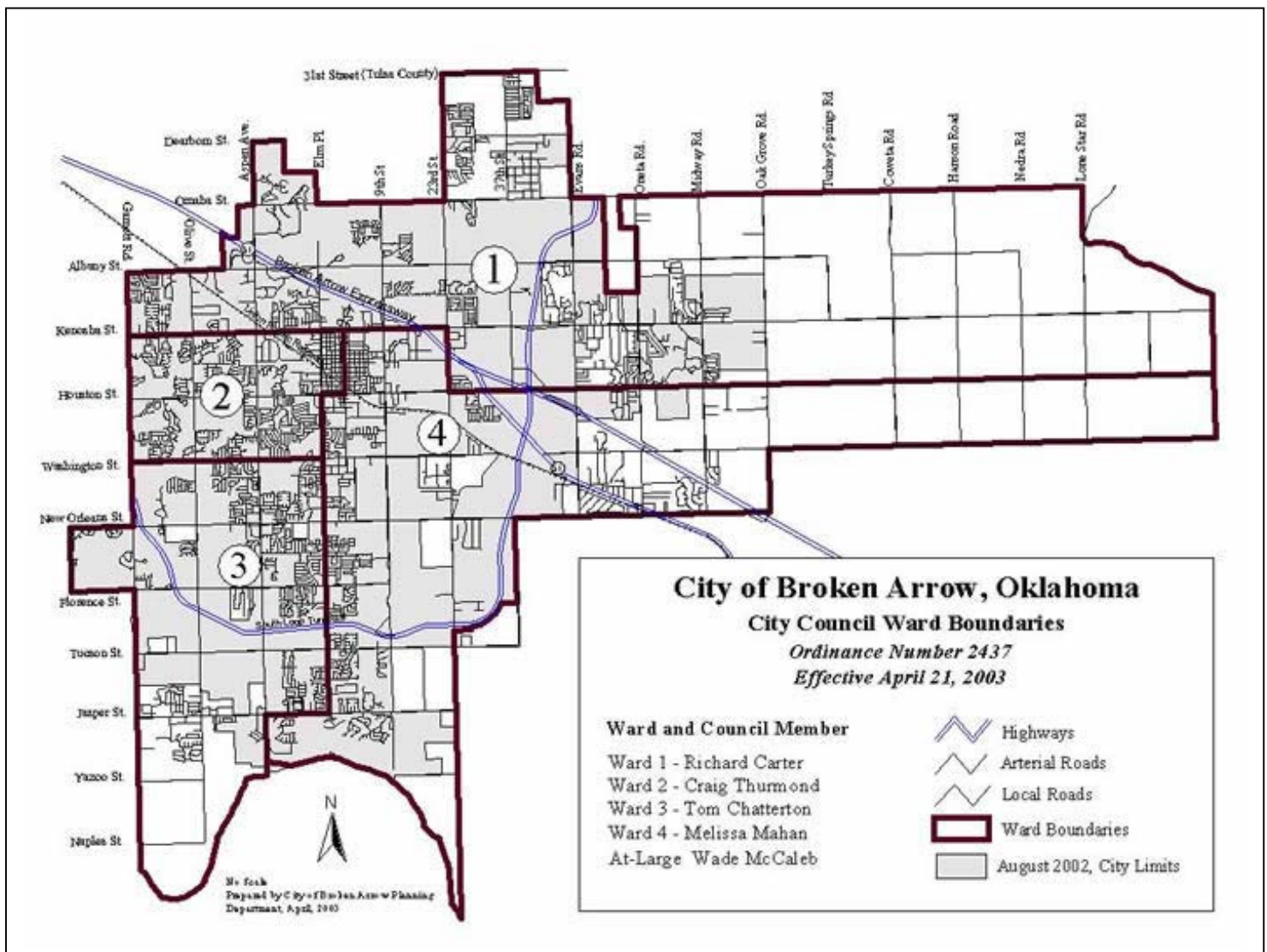
- | | |
|--------------------------|---|
| <input type="checkbox"/> | I have attached a 250-word essay of why I want to participate. |
| <input type="checkbox"/> | I meet all requirements of being a Youth City Councilor. |

Applicant signature: _____
Parent or Guardian approval: _____
Date completed _____

Mail or deliver to City Manager, 220 S. First Street, Broken Arrow, OK 74012
Deadline is 5:00 PM, September 8, 2005.



Please use map below to pinpoint the Ward you live in and note on front of application.



Signed application must be received at City Hall no later than 5:00 p.m. on Thursday, September 8, 2005.